Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-29, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| (Package revised 12 | 2/23/03) | | | | | | Version 7/03 | |
|---|---------------------|--------------------------------|-------------------------|-------------------|--|--------------------|--|--|
| APPLICATION F | FOR | | 2. DATE SUBMITTED | ary 2004 | 7 N | Applicant Iden | tifier | |
| FEDERAL ASSI | | · | | | | 0 | | |
| TYPE OF SUBMISS Application | ION: | | 3. DATE RECEIVED BY STA | ATE | | State Applicati | on Identifier | |
| □ Construction | | plication | 4. DATE RECEIVED BY FEE | DERAL AGENCY | | Federal Identif | fler | |
| ☐ Non-Construction | | onstruction on-Construction | | | | | | |
| 5. APPLICANT INFO | ORMATION | | | | | | | |
| Legal Name: City of Redding | California | | | Organization | | | | |
| | | | | Department: | | Services | - | |
| Organizational DUNS: | 07-378-0413 | 3 | | Division: Air | ports | | | |
| Address: | | | | | | | erson to be contacted on | |
| Street: 777 Cypre | ess Avenue | | | matters invol | lving this a | pplication | (give area code) | |
| | | | | Prefix: Mr. | Fi | rst Name: | Rod | |
| City: Redding | | | | Middle Name: | Middle Name: A. | | | |
| City: Reduing | | | | Middle Name. | Л. | | | |
| County: Shasta | | | | Last Name: Dinger | | | | |
| State: CA | | Zip Code: 9600 |)1 | Suffix: | | | | |
| Country: USA | | <u> </u> | | Email: rding | ger@ci.re | edding.c | a.us | |
| 6. EMPLOYER I | DENTIFICA | TION NUMBER | EIN): | Phone number | r (give area | code): | FAX number (give area code): | |
| 9 4 - 6 | 0 0 0 | 4 0 1 | | (530) | 224-432 | :1 | (530) 224-4318 | |
| 8. TYPE OF APPLICAT | TION: | | | 7. TYPE OF A | APPLICAN | T: (See bac | k of form for Application Types) | |
| ⊠ Ne | .w. П соот | tinuation | ision | С | | | | |
| | | | [5]OIT | Other (specify) | ") | | | |
| If Revision, enter approp (See back of form for de | | | | | | | | |
| Other (specify) | | | | | | | | |
| | | | | 9. NAME OF | | | -4: - · | |
| 10. CATALOG OF F | EDERAL DOM | IESTIC ASSISTAN | CE NUMBER | Federal Av | | | ICANT'S PROJECT: | |
| IO. OATALOG OF T | EDERAL DON | 2 0 - | 1 0 6 | | | | Improvements (Phase I) | |
| TITLE: Airport Improve | ement Program | | | | | - | | |
| (AIP) | | | | | | 2F | ECEIVED | |
| 12. AREAS AFFECT | TED BY PROJE | ECT (cities, counties, | states, etc.): | - | | 1/1 1 | | |
| Cities of Reddin | | | | | | \ \ | FEB 2 7 2004 | |
| Shasta, Tehama | | skiyou, Modoc | , and Lassen; | | | | | |
| State of Californ | | | | | | | PARADING HOUSE | |
| 13. PROPOSED PR Start Da | | T F | nding Date | a. Applicant | SSIONAL I | DISTIBLE F61 | Tb. Project | |
| 05/01/0 | | | 4/30/05 | #2 | | | #2 | |
| 15. ESTIMATED FUI | NDING | | | | | | REVIEW BY STATE | |
| a. Federal | l \$ | | .000 .000 | EXECUTIVE O | | | SS PPLICATION WAS MADE | |
| | Φ | 3 | 000,000 | | | | E EXECUTIVE ORDER 12372 | |
| b. Applicant | \$ | | 0 .00 | PF | ROCESS FO | R REVIEW C | ON | |
| c. State | \$ | | 15,000 .00 | D/ | ATE: 02/2 | 3/04 | | |
| d. Local | \$ | | 789 ^{.00} | b. No. 🔲 PF | ROGRAM IS | NOT COVER | RED BY E. O. 12372 | |
| e. Other | \$ | | 0 .00 | | R PROGRAM EVIEW | 1 HAS NOT E | BEEN SELECTED BY STATE FOR | |
| f. Program income | \$ | | 0 .00 | 17. IS THE APP | PLICANT DI | LINQUENT | ON ANY FEDERAL DEBT? | |
| g. TOTAL | \$ | | 15,789 ^{.00} | Yes If "Yes" | | | ⊠ No | |
| DOCUMENT HAS BE | EEN DULY AU | THORIZED BY THE | GOVERNING BODY O | | | | TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE | |
| a. Authorized Represent | | ASSISTANCE IS | AWARDED. | | ······································ | | 1 | |
| Prefix Mr. | | rst Name Michae | | | Middle I | Jame | | |
| Last Name Warren | | | | <u> </u> | Suffix | | | |
| b. Title City Mana | | | | | c. Telep | | er (give area code) | |
| d. Signature of Author | Hzed Represen | tative | | | (530) 2 e Date | 225-4060 Signed | | |
| | سسنرر | tative for | | | Thaie | Signed OL | 1-011 | |
| Previous Edition Not Us Authorized for Local Rep | sable production | | | | 1 | | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 | |
| | | | | | | | | |

| (Package revised 12 | /23/03) | | | | | Version 7/03 | | |
|--|----------------|--------------------------------|--|---|---------------------|--|--|--|
| APPLICATION F | OR | | 2. DATE SUBMITTED | ary 2004 | Applicant Ide | ntifier | | |
| FEDERAL ASSI | | | | • | | | | |
| TYPE OF SUBMISSI Application | ON: | | 3. DATE RECEIVED BY STA | ΓE | State Applica | tion Identifier | | |
| ☐ Construction | | plication | 4. DATE RECEIVED BY FED | ERAL AGENCY | Federal Iden | ifier | | |
| │ □ Non-Construction | | onstruction on-Construction | | | | | | |
| APPLICANT INFO | ORMATION | | | | | | | |
| _egal Name: City of Redding | California | | | | Unit: Redding Muni | | | |
| | | | | | upport Service | 5 | | |
| Organizational DUNS: (| 07-378-041 | 3 | | Division: Airpo | orts | | | |
| Address: | | | | | | erson to be contacted on | | |
| Street: 777 Cypre | ss Avenue | • | | matters involvi | ng this application | (give area code) | | |
| | | | | Prefix: Mr. | First Name: | Rod | | |
| City: Redding | | | | Middle Name: A. | | | | |
| County: Shasta | | | | Last Name: Dinger | | | | |
| State: CA | | Zip Code: 9600 | 11 | Suffix: | | | | |
| | | Zip Code. 3000 | , I | | r@ci.redding.d | | | |
| Country: USA | | | | | | | | |
| 6. EMPLOYER II | | | K ⊏//N): | Phone number (| | FAX number (give area code): | | |
| 9 4 - 6 8. TYPE OF APPLICAT | 0 0 0 0 | 4 0 1 | | , , | 24-4321 | (530) 224-4318 | | |
| | | | | C | i Liozitti. (occida | HECEIVED | | |
| ⊠ Ne | w L Cor | tinuation L Rev | vision | Other (specify) | | | | |
| If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) | | | | FEB 2 7 2004 | | | | |
| Other (specify) | | | | | | | | |
| | | | en e | | | STATE CLEANING HOUSE | | |
| 10. CATALOG OF F | EDEDAL DO | MESTIC ASSISTAN | CE NUMBER | | tion Administ | ation LICANT'S PROJECT: | | |
| 1 10. CATALOG OF T | LDLIVAL DOI | 2 0 - | 1 0 6 | | | on Reconstruction (Phase III) | | |
| , LE: Airport improve | ment Program | | | 2. Cons | truct ARFF Faci | lity (Phase III) | | |
| (AIP) | sment i rogium | | | | | ehabilitation (Design Only) | | |
| 12. AREAS AFFECT | FD BY PRO I | FCT (cities counties | etates etc.): | | | Phase III – Design Only) | | |
| Cities of Reddin | | | | 5. Rehabilitate Runway Signage6. Install Airport Entrance Signs7. Land Acquisition (Parcels 15, 16, 16A, 17 & 18) | | | | |
| Shasta, Tehama | | | | | | | | |
| State of Californ | | | | | | | | |
| 13. PROPOSED PR Start Da | | Т | - Jl D - L | 14. CONGRESSIONAL DISTRICTS OF | | | | |
| 05/01/0 | | | Ending Date 04/30/05 | a. Applicant #2 | | b. Project | | |
| 15. ESTIMATED FUI | | | 71700700 | | TION SUBJECT T | O REVIEW BY STATE | | |
| | | | .07.000 | | DER 12372 PROC | | | |
| a. Federal | \$ | 3,6 | 067,000 | AVA | ILABLE TO THE STA | APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 | | |
| b. Applicant | \$ | | 0 .00 | PRO | CESS FOR REVIEW | ON | | |
| c. State | \$ | | 0 .00 | | E: 02/23/04 | | | |
| d. Local | \$ | 1 | 193,000 |] | | ERED BY E. O. 12372 | | |
| e. Other | \$ | | 0 .00 | REV | IEW | BEEN SELECTED BY STATE FOR | | |
| f. Program income | \$ | | 0 .00 | <u> </u> | | IT ON ANY FEDERAL DEBT? | | |
| g. TOTAL | \$ | | 360,000 ^{.00} | | tach an explanation | ⊠ No | | |
| 18. TO THE BEST C | F MY KNOWI | LEDGE AND BELIE | EF, ALL DATA IN THIS A | PPLICATION/PRE | APPLICATION AF | RE TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE | | |
| ATTACHED ASSUR | | | | I IIIL AFFLIOAN | I AND THE AFTE | CANT WILL COM ET WITH THE | | |
| a. Authorized Represen | | | | | | | | |
| Prefix Mr. | | irst Name Michae | 61 | | Middle Name | | | |
| Name Warrer | | | | | Suffix | ber (give area code) | | |
| Itle City Mana | | 2 | | | (530) 225-406 | | | |
| d. Signature of Autho | | fative | - for | | e. Date Signed | -24-04 | | |
| Previous Editions Not Us Authorized for Local Rep | | | | | | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 | | |
| | | | | | | | | |

| APPLICATION FOR | | - | | | Version 7/03 | |
|--|--|--|--------------------------------------|---|--|--|
| FEDERAL ASSISTANCE | CE 2. DATE SUBMITTED February 19, 2004 | | | Applicant Iden | tifier | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applicati | State Application Identifier | |
| Construction | ☐ Construction | 4. DATE RECEIVED BY | FEDERAL AGENC | Y Federal Identifier | | |
| Non-Construction | ☐ Non-Construction | | | 3-06-0226 | | |
| 5. APPLICANT INFORMATION | | And the second s | Organizational U | nit: | | |
| Legal Name: | | | Department: | | | |
| City of San Jose Organizational DUNS: | | | Norman Y. Mineta | San Jose Internation | onal Airport | |
| 063541874 | | | | | | |
| Address: Street: | | | | one number of per plication (give are: | rson to be contacted on matters a code) | |
| | | | Prefix: Ms. | First Name: | , | |
| 1732 N. First Street, Suite 600 City: | | | Middle Name | Lillall | | |
| San Jose | | | S. Last Name | | | |
| County: Santa Clara | | | Ramirez | | | |
| State: California | Zip Code 95112 | | Suffix: | | | |
| Country: USA | | | Email: Iramirez@sjc.org | | | |
| 6. EMPLOYER IDENTIFICATION | ON NUMBER (EIN): | Andrew State of the William State of the Sta | Phone Number (g | ve area code) | Fax Number (give area code) | |
| 94-6000419 | | | 408.501.7663 | | 408.573.1677 | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APP | LICANT: (See bacl | k of form for Application Types) | |
| ☑ Ne | w 🔲 Continuatio | on 🗌 Revision | C - Municipal | | | |
| If Revision, enter appropriate let (See back of form for description | | | Other (specify) | | | |
| Other (specify) | | 9. NAME OF FED DOT - Federal Av | ERAL AGENCY: iation Admininstrati | on | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTIV | E TITLE OF APPLI | CANT'S PROJECT: | |
| TITLE (Name of Program): Airport Improvement Program | (AID) | 20-106 | | for approximately tended acoustical t | atment reasVFD | |
| 12. AREAS AFFECTED BY PR | | s, States, etc.): | + | | | |
| City of San Jose and City of Sa | | | | A-re-DEBRICE | FEB 2 7 2004 | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSI | ONAL DISTRICTS | | |
| Start Date: September 2004 | Ending Date: September 2006 | | a. Applicant | STA | b. Project | |
| 15. ESTIMATED FUNDING: | Geptermeer 2000 | | 16. IS APPLICAT | ION SUBJECT TO | REVIEW BY STATE EXECUTIVE | |
| a. Federal | | 00 | ORDER 12372 PF | | N/APPLICATION WAS MADE | |
| b. Applicant | | 4,000,000 | _ a. Yes. 🔼 AVAI | | ATE EXECUTIVE ORDER 12372 | |
| | | 1,000,000 | | E: February 19, 200 | | |
| | | | PRO | , , | /ERED BY E. O. 12372 | |
| | | | b. No. 1 | | T BEEN SELECTED BY STATE | |
| | | | FOR | REVIEW | NT ON ANY FEDERAL DEBT? | |
| f. Program Income | | | - 17. IS THE APPL | ICANT DELINGUE | | |
| g. TOTAL | | 5,000,000 | | ttach an explanation | | |
| 18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | Y AUTHORIZED BY THE | E GOVERNING BODY OF | THE APPLICANT | AND THE APPLICA | NT WILL COMPLY WITH THE | |
| a. Authorized Representative | First Name | | Mi | ddle Name | | |
| Prefix Mr. | First Name Peter | | | ıffix | | |
| Last Name Jensen | | | | | (/-i | |
| b. Title Assistant to the City Manager | | | 4(| Telephone Number 08.277.3183 | (give area code) | |
| d. Signature of Authorized Rep | resentative HWC | Litter | e. | Date Signed | 0.04 | |
| Previous Edition Usable Authorized for Local Reproduct | ion | | | | Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 | |

| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED | | Applicant Iden | Version 7/03 |
|---|-------------------------|------------------------|---------------------------------------|------------------------------------|---|
| | | February 25, 2004 | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | | State Applicati | on Identifier |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | | ier |
| ☐ Non-Construction | Non-Construction | | | 3-06-0226 | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational Un | | |
| J. | | TO B TO | Department: | IL. | |
| City of San Jose | TO E G | EDVE IN | Norman Y. Mineta S | San Jose Internati | onal Airport |
| Organizational DUNS: 063541874 | 1101,- | | ווסוצוטוו: | | |
| Address: | 112 | 1004 | | | rson to be contacted on matters |
| Street: | FEB | 26 2004 | involving this app | First Name: | a code) |
| 1732 N. First Street, Suite 600 | | | Ms. | Lilian | |
| City: San Jose | | HOUSE | Middle Name B. | | |
| County: | CTATE CI | EARING HOUSE | last Name Ramirez | | |
| Santa Clara | Zip Code | A COMMAND | Suffix: | | |
| State: CA | 95112 | | | | |
| Country: Santa Clara | | | Email: Iramirez@sjc.org | | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | Phone Number (give | area code) | Fax Number (give area code) |
| 94-6000419 | | | 408.501.7663 | | 408.573.1677 |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLI | CANT: (See back | of form for Application Types) |
| ☑ Nev | | n 🔲 Revision | C - Municipal | | |
| If Revision, enter appropriate lett (See back of form for description | | | Other (specify) | | |
| | | | | | |
| Other (specify) | | | 9. NAME OF FEDE DOT - Federal Avia | RAL AGENCY: tion Administration | n |
| 10. CATALOG OF FEDERAL I | OMESTIC ASSISTANC | E NUMBER: | | | CANT'S PROJECT: |
| | | 20-106 | Taxiway Z Alignme | nt: To realign a po | ortion of Taxiway Z, ten feet to the |
| TITLE (Name of Program): | | 20-100 | | | upgraded drainage, blast |
| Airport Improvement Program (A | | | protection paving, i | ignung, signage a | nd pavement markings. |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties | s, States, etc.): | | | |
| City of San Jose | | | | | |
| 13. PROPOSED PROJECT Start Date: | Ending Date: | | a. Applicant | NAL DISTRICTS | b. Project |
| September 2004 | September 2006 | | 15th | | 15th |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PRO | | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | | 00 | THIS P | REAPPLICATION | I/APPLICATION WAS MADE |
| b. Applicant \$ | | 2,505,594 | 1 AVAILA | ABLE TO THE STA | ATE EXECUTIVE ORDER 12372 |
| | | 3,344,406 | | | |
| c. State \$ | | .00 | DATE: | February 25, 200 | 14 |
| d. Local \$ | | .00 | b. No. 🗂 PROGI | RAM IS NOT COV | 'ERED BY E. O. 12372 |
| e. Other \$ | | .00 | OR PR | | T BEEN SELECTED BY STATE |
| f. Program Income \$ | | .00 | | | NT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | 5,850,000 | ☐ Yes If "Yes" atta | ch an explanation | n. 🗷 No |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF | , ALL DATA IN THIS APP | PLICATION/PREAPP | LICATION ARE T | TRUE AND CORRECT. THE |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | | | THE APPLICANT AN | ID THE APPLICA | NT WILL COMPLY WITH THE |
| a. Authorized Representative | THE AGGIGTANGE TO A | WANDED. | | | |
| Prefix Mr. | First Name Peter | | Midd | lle Name | |
| Last Name Jensen | 1: | | Suffi | X | |
| b. Title Assistant to the City Manager | | | | elephone Number .277.3183 | (give area code) |
| d. Signature of Authorized Repre | esentative AIL A | A | | ate Signed | Call |
| | rund | -(1 | | 1-2 | \$.04 Standard Form 424 (Rev.9-2003) |
| Previous Edition Usable Authorized for Local Reproduction | on | \bigcup | | | Prescribed by OMB Circular A-102 |

| APPLICATION FOR | | 2. DATE SUBMITTED January 29, 2004 | Applicant Identifier | | |
|--|--|--|--|--|--|
| EDERAL ASSISTANCE | | | | | |
| TYPE OF SUBMISSION | | 3. DATE RECEIVED BY STATE | State Application Identifier | | |
| pplication | Preapplication | | | | |
| 1 Construction | □ Construction | 4. DATE RECEIVED BY I TOPERAL AGENCY | Pederal Identifier | | |
| Non-Construction | ☐ Non-Construction | | | | |
| . APPLICANT INFORMATION | | Organizational Unit: Department of Health Se | rvices | | |
| egal Name: State of California | | | | | |
| Address (give city, county, state, and zip code): | 1616 Capitol Avenue, MS 7400 P.O. Box 997413 Sacramento, CA 95899-7413 | Name and telephone number of the person to be continued (give area code) Anne. Novak (916) 449-5586 | leted on matters involving this application | | |
| 6. EMPLOYER IDENTIFICATION (EIN): 9 4 - 6001347 8. TYPE OF APPLICATION: □ New ☑ Continuation □ Revision, enter appropriate letter(s) in box(es) A. Increase Award β. Decrea C. Increase Duration □ D. Decrea Other Specify: | : PI PI 0 0 0004 : | 7. TYPE OF APPLICANT: (enter appropriate the control of the contro | nt Sensor Friends versity pe panization reify): | | |
| | 6/1/11 by Sale (test) (3) (1) | 11. DESCRIPTIVE TITLE OF APPLICANT'S PI | ROJECT | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>6</u> | 6 4 3 2 | Disking Water Repulatory F | rogram. This grant is provided to | | |
| TITLE: PWSS | | augment the State's regulatory program | of public water systems. | | |
| 12. AREAS AFFECTED BY PROJECT (cities | s, countles, states, etc.): | | | | |
| 13. PROPOSED PROJECT: | 14. CONGRESSIONAL DISTRICT OF: | | | | |
| Start Date End Date 9/30/04 | a. Applicant: | | b. Project Statewide | | |
| 15. Estimated Funding: | | 16. IS APPLICATION SUBJECT TO RE 12372 PROCESS? | EVIEW BY STATE EXECUTIVE ORDER | | |
| a. Federal | \$ 6,393,700 | O TO THE THE PARTY OF THE PARTY | PLICATION WAS MADE AVAILABLE | | |
| | s | TO THE STATE EXECUTIVE ORI | EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW | | |
| b. Applicant c, State | \$ 14,179,10 | 3 DATE | | | |
| | \$ | b. NO. PROGRAM IS NOT COVERED | BY F.O. 12372 | | |
| d, I,ocal | \$ 1,362,92 | | N SELECTED BY STATE FOR REVIEW | | |
| e, Other | \$ | 17. IS THE APPLICANT DELINQUENT ON | ANY FEDERAL DEBTY | | |
| f. Program Income | 21,935,72 | 29 Yes If "Yes" attach an explanation. | □ No | | |
| T NITTED THE STATE OF THE STATE | LEDGE AND BULLEF. ALL DATA IN THIS ABY THE GOVERNING HODY OF THE APPLIC | APPLICATION/PREAPPLICATION ARE TRUE AND CANT AND THE APPLICANT WILL COMPLY WIL | O CORRECT, THE DOCUMENT HAS THATHE ATTACHED ASSURANCES HE | | |
| THE ASSISTANCE IS AWAR a. Typed Name of Authorized Representative | 0100 | h. Title: Chief Deputy Director Department of Health Services | c. Telephone Number (916) 440 7400 | | |
| | | | c. Date Signed | | |
| d. Signature of Authorized Representative | N /II | | Standard Form 420 A (RTV 4) | | |

OMB Approval No. 0348-0043

| APPLICATION FOR FEDE | CRAL ASSISTANCE | 2. Date Submitted | Applicant Identifier DUNN # 808321913 | | |
|--------------------------------------|--|---|---------------------------------------|--|--|
| . Type of Submission: | | 3. Date Rec'd by State | State Application Identifier | | |
| | pplication | | | | |
| | Construction | 4. Date Rec'd by Federal | Federal Identifier | | |
| | Nonconstruction | | | | |
| 7. Honconton donoir | | | <u></u> | | |
| . Applicant Information: | | Organizational Unit: | | | |
| Legal Name and Address: . | | Division of Water Quality | | | |
| give city, county, state, and zip of | code) | Name and telephone of person to be con | tacted on matters | | |
| State Water Resour | rces Control Board | involving this application (give area cod | (e): | | |
| 1001 I Street, Sacra | amento County | Erick Burres | | | |
| Sacramento, Califo | ornia 95 14 E G E I | V 3) E 6 6 7 | | | |
| 6. Employer Identification Num | | 7. Type of Applicant: (enter appropriate | e letter)A | | |
| 680281986 | | | dent School District | | |
| | FEB 26 | B) (county 1. State inst | titute of Higher Learning | | |
| 8. Type of Application: | | C. Municipal I. Private C | | | |
| X New Revision | Continuation · | D. Township K. Indian T | | | |
| If Revision, enter appropriate let | ter(s): STATE CLEARI B. Decreas SAWard E CLEARI | NG HOUSE L. Individu | | | |
| A. Increase Award | B. Decreas Alvard C ULLATIVI | P Ihreminicipal M. Profit C | Organization | | |
| C. Increase Duration | D. Decrease Duration | G. Special District N. Other (s | вреситу) | | |
| Other (specify) | | | | | |
| | | 9. Name of Federal Agency: | adtion Agana | | |
| 10. Catalog of Federal Domesti- | c Assistance Number | U. S. Environmental Prot | ection Agency | | |
| 66.500, | | 7 | viant- | | |
| Title: Environmental Pro | otection - Consolidated Research | 11. Descriptive Title of Applicant's Pro | tion of the EMAP Western | | |
| | | The overall objective of the coastal por | non of the Eight Western | | |
| | | Pilot is to create an integrated, compreh | rensive coastal monitoring | | |
| 12. Area Affected by Project: | | program along the California coast to a | sacsa estuarme conditions. | | |
| (cities, counties, states, etc.) | | * . | | | |
| California | , . | | | | |
| 13. Proposed Project: | | 113 0 | | | |
| Start Date | End Date | 14. Congressional District of: | | | |
| 6/1/04 | 11/30/06 | Applicant: Project: 3 California | | | |
| 15. ESTIMATED FUNDING: | | 16. Is the application subject to review | by the State | | |
| | | Executive Order (EO) 12372 process? | • | | |
| a. Federal | \$255,585 | a. YES:X_ This application/ | preapplication was made | | |
| b. Applicant | \$0 | available to the State EO | 12372 process for | | |
| c. State | \$0 | review on: | | | |
| d. Local | \$0 | Date: Feb | ruary 26, 2005 | | |
| c. Other | \$0 | | overed by EO # 12372 | | |
| f. Program Income | \$0 | Program has not | been selected by the | | |
| . I rogiam mount | | " state for review. | 5. | | |
| g. TOTAL | \$255,585 | 17. Is the applicant delinquent on any | | | |
| b. 101/1L | | YES, attach explanation | _X_ NO | | |
| | | | | | |
| 18 TO THE BEST OF MV K | NOWLEDGE AND BELIEF. ALL | DATA IN THIS APPLICATION/PREAP | PLICATION ARE | | |
| TRUE AND CORRECT THE | DOCUMENT HAS BEEN DULY | AUTHORIZED BY THE GOVERNING | BOARD OF THE | | |
| APPLICANT AND THE APP | LICANT WILL COMPLY WITH | THE ATTACHED ASSURANCES IF TH | E ASSISTANCE | | |
| IS AWARDED. | | •• | • | | |
| | Renregentative | b. Title: | c. Telephone Number | | |
| a. Typed Name of Authorized | Kehresemanye | Executive Director | (916) 341-5615 | | |
| Celeste Cantú | | Executive Director | | | |
| 1.0 | nacon to time | | e. Date Signed: | | |
| d. Signature of Authorized Re | presentative | | | | |
| | | • | | | |
| | | | 1 | | |

| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 2/27/04 | · · · · · · · · · · · · · · · · · · · | Applicant Ider | Version 7/0: |
|--|--|---|--|-----------------------------|--|
| 1, TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applicat | lon Identifier |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identi | fier |
| Non-Construction 5. APPLICANT INFORMATION | Man-Construction | | | | 4, 41 |
| Legal Name: | | No. 1 148 | Organizational Unit | | |
| County of Tuolumne | | | Department: Airport | | |
| Organizational DUNS: 155702160 | | | Division: Pine Mountain Lake | | |
| Address: | | | Name and telephon | | rson to be contacted on matters |
| Street: 10723 Airport Road | | EGENVE | Prefix: | First Name: James | a code) |
| City; Columbia | The state of the s | | Middle Name E. | i - | 3,50 |
| County; | | FEB 2.5 2001 - | Last Name Thomas | • | |
| State: CA | Zip Code 95310 | , , | Suffix: | | 7 |
| Country: Tuolumne | STATE | OI EADING IIM | Email: thomas@co.tuolumr | ie.ca.us | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | · · · · · · · · · · · · · · · · · · · | Phone Number (give | area code) | Fax Number (give area code) |
| 94-6000547 |] | | 209 533-5685 | | 209 533-5657 |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLIC | ANT: (See bac | k of form for Application Types) |
| If Revision, enter appropriate lets (See back of form for description | er(s).in:box(es) | n ∏ Revision | Other (specify) | | |
| Other (specify) | | | 9. NAME OF FEDER | AL AGENCY: | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE | E NUMBER: | 11. DESCRIPTIVE T | | CANT'S PROJECT: |
| TITLE (Name of Program): | | 20-106 | Install an AWOS | | |
| 12. AREAS AFFECTED BY PRO | OJECT (Cities, Countles | , States, etc.); | | | • |
| | | | | 4. | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSION | AL DISTRICTS | |
| Start Date: 7/1/04 | Ending Date: 12/31/04 | | a. Applicant 19th | | b. Project 19th |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PROC | | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | | 104,500 | THIS PR | EAPPLICATION | VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 |
| b, Applicant \$ | | 550 ° | | S FOR REVIEW | |
| c. State \$ | | 4.950 | DATE; | | |
| d. Local \$1 | | 00 | b. No. 🗗 PROGRA | W IS NOT COA | ERED BY E. O. 12372 |
| e. Other \$; | | 0 00 | OR PRO | | T BEEN SELECTED BY STATE |
| f. Program Income \$ | • | 0 | | | NT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | 110,000 | Yes if "Yes" attacl | | |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY , ATTACHED ASSURANCES IF T | AUTHORIZED BY THE THE ASSISTANCE IS A | GOVERNING BODY OF T | LICATION/PREAPPLI HE APPLICANT AND | CATION ARE T THE APPLICA | RUE AND CORRECT. THE NT WILL COMPLY WITH THE |
| a. Authorized Representative Prefix Mr. | First Name | | Middle | Namo | |
| Last Name | James | | Suffix | | |
| Thomas b. Title | 6. | A. S. | | | |
| Alrports Director | <u> </u> | | 209 5 | phone Number 33-5685 | (give area code) |
| d. Signature of Authorized Repre Previous Edition Usable | sentative | Schamos | e, Date | Signed 2- | 25-04 |
| CIPVIOUS MORION LISANIA | 1 | | | | 04 1 1 1 1 104 (5) 0 0000 1 |

| APPLICATION FOR FEDERAL ASSISTAN | CE | 2. DATE SUBMI | TTED 2004 | | Applic | cant Identifier | One Approval 160, 0346-0043 |
|---|-----------------------------------|--|--|-------------|---------------------------------|--|--|
| TYPE OF SUBMISSION: | | 3. DATE RECEN | | <u> </u> | State | Application Identifier | |
| • | pplication | 3. 3 | | - | | , | |
| | • | 4. DATE RECEN | ED BY FEDER | AL AGENO | CY Federa | al Identifier | |
| | Construction | | | | | | • |
| Non-Construction 5. APPLICANT INFORMA | Non-Construction | | | | | | |
| Legal Name: | TION | | | Organizat | ional Unit | : | |
| Address laive city county state | and zip codel: | | | | | | be contacted on matters involving |
| Mandacino Como | nunity Har | 44 Clinic, | Inc. | this applic | Cartion (gru | e area codel | 1 |
| 333 Laus 1840 | ~ue | | | /< | obert | Longinon, | hoor Officer |
| Ukrah, CA 9 | 5482 | | | 19 | 16) 49 | 47-9832 | 2 yet 14/ |
| 6. EMPLOYER IDENTIFICATION | (EIN): | | | | | ANT: (enter appropriate | |
| 68-02 | 590 | 045 | | A. Sta | | H. Independent | School Dist. |
| 8. TYPE OF APPLICATION: | | | ······································ | C. Mu | unty nicipal | J. Private Unive | alled Institution of Higher Learning ersity |
| New Continuation Revision | | | | E. Inte | wnship erstate ermunicipa | K. Indian Tribe L. Individual ii M. Profit Organi | zation Non profit |
| If Revision, enter appropriate let | ter(s) in | | | G. Spe | ecial Distri | ct is. Other (apec) | 141 10 35 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | Decrease Award ther (specify): | C. Increase Du | ıration | | | _ | |
| | | | | 9. NAME | OF FEDER | RAL AGENCY: | |
| | | | | 11 | $c \Delta a$ | Pural Deve | sloanert |
| 1 | | ······································ | | u. | رجال د | year 2 Dec | |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTAN | ICE NUMBER: | | 11. DESC | RIPTIVE T | TITLE OF APPLICANT'S | PROJECT: |
| | | 0-7 | 66 | Po | irchi | se of clin | ic building |
| TITLE: | | | | | | V | The state of the s |
| 12. AREAS AFFECTED BY PROJ | ECT (Cities, Count | ies, States, etc.) | | | | | RECEIVED |
| Mendocon | o County | | • | | | | FEB 2 5 2004 |
| 13. PROPOSED PROJEC | T 14. CONG | RESSIONAL D | DISTRICTS | OF: | | | |
| Start Date Ending Date | a. Applicant | , | | b. | Project | 1 | STATE OF ADMINISTRAL |
| | | | | | | (| STATE CLEARING HOUS |
| 15. | ESTIMATED F | | | | | ication subject to F 12372 process? | REVIEW BY STATE EXECUTIVE |
| | \$ | 13,000 64 | proutzou | .00 | | | |
| a. Federal | 80 | 13,000 die | wid loan | .00 | a/YES/. | | N/APPLICATION WAS MADE TATE EXECUTIVE ORDER |
| b. Applicant | \$ | | | .00 | | 12372 PROCESS FOR | |
| c. State | \$ | | | .00 | | DATE 3/4 | 1/2004 |
| d. Local | \$ | | | .00 | ь. но | | COVERED BY E.O. 12372 |
| e. Other | \$ | | | .00 | | OR PROGRAM HA | S NOT BEEN SELECTED BY |
| f. Program Income | \$ | | | .00 17 | . IS THE A | APPLICANT DELINQUEN | T ON ANY FEDERAL DEBT? |
| g. Total | \$ | ,626,00 | ٥ | .00 | YES | (Attach explanation) | NO |
| 18. TO THE BEST OF M CORRECT, THE DOCUM APPLICANT WILL COME | JENIT HAS BE | FN DHIY AU | THORIZED | BY THE | GUVE | KNING BODY OF | |
| a. Type Name of Authorized Ren | oresentative | | b. Title | in Oto | Liar | | c. Telephone Number 916/447-9832 ×14/ |
| d. Signature of Authorized Repr | esentative | | | | | | e. Date Signed / 2/2004 |

Prescribed by OMB Circular A-102

| FEDERAL ASSISTANC | E | 2. DATE SUBMITTED 2/27/04 | | Applicant Id | Version 7 entifier |
|--|--|---|--|-------------------------------|---------------------------------------|
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | | | ation Identifier |
| Construction | Construction | 4. DATE RECEIVED BY | Y FEDERAL AGENCY Federa | | ollflor |
| Non-Construction | Non-Construction | | | | |
| 5. APPLICANT INFORMATION Legal Namo: | N | | | | |
| • | | | Organizational Un Department: | it; | 1, |
| County of Tuolumne Organizational DUNS: | | F. H. T. | Airport | | |
| 155702160 | LES E P F | 1 W B 1011 | Division: Columbia | | |
| Address: Street: | HALEUG | | Name and telepho | ne number of p | erson to be contacted on matter |
| 10723 Airport Road | 1141 | | involving this appli | First Name: | rea code) |
| Cilv: | -HALL FEB | 2 5 2004 | Mr. | James | , , , , , , , , , , , , , , , , , , , |
| Cily: Columbia | The state of the s | | Middle Name | | |
| County: Tuolumne | | AMMONONSE | Last Name | - | - 17 |
| State: CA | Zip\Code | A MARKET THE SECTION | Suffix: | 1111 | |
| Country: | 95310 | Approximately to the process of the control of the | | | |
| Tuolumne | | | Email:]thomas@co.tuolun | | |
| 6. EMPLOYER IDENTIFICATIO | • • | | Phone Number (give | area code) | Fax Number (give area code) |
| 94-6000547 | | | 209 533-5685 | | 209 533-5657 |
| 3. TYPE OF APPLICATION: | | | 7. TYPE OF APPLI | CANT: (See ba | ck of form for Application Types) |
| Revision, enter appropriate let | ter(s) in hox(es) | n 🖟 Revision | В | | |
| See back of form for description | of letters.) | | Other (apecify) | | |
| Other (specify) | | | | | |
| | | | 9. NAME OF FEDER Federal Aviation Ad | RAL AGENCY: ministration | |
| 0. CATALOG OF FEDERAL | DOMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE | TITLE OF APPL | ICANT'S PROJECT: |
| `ITLE (Name of Program): | | 20-106 | Update Columbia A Design vehicle acce | irport Master Pla | an and ALP |
| 2. AREAS AFFECTED BY PR | OJECT (Cities, Counties | States etc.) | Design extension to | taxiway C | South end of 17-35 |
| Tuolumne County, California | , | , •(4100, 610.). | | | |
| 3. PROPOSED PROJECT | | | 14. CONGRESSION | IAL DISTRICTS | OF. |
| Start Date; | Ending Date: | | a. Applicant | AL DISTRICTS | b. Project |
| 1/1/04 5. ESTIMATED FUNDING: | 12/31/04 | | 19th | | 19th |
| | | | 16. IS APPLICATIO ORDER 12372 PRO | N SUBJECT TO CESS? | REVIEW BY STATE EXECUTIVE |
| s, Federal \$ | | 260.000 | THIS PE | REAPPLICATIO | N/APPLICATION WAS MADE |
| . Applicant \$ | | טט | . AVAILA | BLE TO THE ST SS FOR REVIE | ATE EXECUTIVE ORDER 12372 |
| . State \$ | | 1,984 | , | | ·· •·· |
| | | 11,700 | DATE: | | |
| . Local \$ | | 0 | b. No. P PROGR | AM IS.NOT CO | VERED BY E. O. 12372 |
| Other \$ | | DU - | P OR PRO | GRAM HAS NO | T BEEN SELECTED BY STATE |
| Program Income \$ | | 0 00 | FOR RE | VIEW | |
| TOTAL S | | 0 ' | THIS THE APPEIC | -WI DEFINGUE | NT ON ANY FEDERAL DEBT? |
| J | | 273,684 | Yes If "Yes" attac | h ап explanatio | n, 🛭 🗹 No |
| 8. TO THE BEST OF MY KNO DCUMENT HAS BEEN DULY , ITACHED ASSURANCES IF T | | | ICATION/DDE ABOL | | TRUE AND CORRECT. THE |
| Authorized Representative | | 1 | <u> </u> | | |
| refix r. | First Name James | | Middle | Name | |
| ast Name homas | | | Suffix | | |
| Title irports Director | \overline{V} | | c. Tele | phone Number | (give eres code) |
| Signature of Authorized Repres | sentative | | | 33-5685 e Signed | 2-25-04 |
| | ∠HO ME | 5 CHomas | | | |

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| 1. TYPE OF SUMMISSION: Application Applica | APPLICATION FOR | | , | 40 | | | Version 7/03 | ı |
|---|---|--|--|--------------------|------------------------------|------------------|--|--|
| 1. TYPE OF SUBMISSION. Pre-application | FEDERAL ASSISTANCE | | 2. DATE SUBMITTED February 12, 2004 | 1 | Applicant Ide | entifier | | |
| Construction Non-Construction Non-Constructi | | Pre-application | | | State Application Identifier | | | |
| S. APPLICANT INFORMATION Logal Name: City of Watsonwile City of City | | | 4. DATE RECEIVED BY | FEDERAL AGE | Federal Iden | tifier | | |
| Legal Name: Organizational Unit: Department | | Non-Construction | | | | | | |
| Cay of Watsonville Control (Specific Carrier) Control (| | | | Organizationa | al Unit: | | | |
| Opinitational DUNS: 02/03/44094 Address: Name and telephone number of person to be contacted on matters involving this application (give area code) | | | • | Department: | | | | |
| Address: Street 100 Avidator Way Watsonville Country Santa Cruz Zio Code Soffic Country Santa Cruz Zio Code Soffic Country Santa Cruz Zio Code Soffic Country Soffic Soffic Country Soffic Soffic Country Soffic Soff | Organizational DUNS: | AND AND ADDRESS OF THE ADDRESS OF TH | | | or us | | | |
| Involving this application (give area code) Profix First Name Mrt. Daried Profix Name Mrt. Daried Profix Name Mrt. Daried Profix Name Prof | | | | Name and tel | ephone number of p | erson to be | ontacted on matters | |
| City Watsonville Country Santa Cruz Zip Code Suffice Suffice Country USA 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Sign Floor Support | Street: | | | involving this | application (give ar | | | |
| Watsorville Country Santa Cruz Saltic mile Country USA 6. EMPLOVER IDENTIFICATION NUMBER (EIN): Sign = Sign | 100 Aviation way | | | Prefix: Mr. | | | | |
| French Santa Cruz French Suffice Suf | City: Watsonville | | | | | | | |
| Cationia 99076 Cauntry USA 5. EMPLOYER IDENTIFICATION NUMBER (EIN): [S] [3] - [6] [0] [0] [0] [6] [5] [7] S. EMPLOYER IDENTIFICATION NUMBER (EIN): [S] [3] - [6] [0] [0] [0] [6] [5] [7] S. EMPLOYER IDENTIFICATION NUMBER (EIN): [S] [3] - [6] [0] [0] [0] [6] [7] S. EMPLOYER IDENTIFICATION NUMBER (EIN): [S] [3] - [6] [8] [9] [9] [9] [9] [9] [9] [9] S. EMPLOYER IDENTIFICATION: [S] [3] - [6] [9] [9] [9] [9] [9] [9] [9] S. EMPLOYING IDENTIFICATION NUMBER (EIN): [S] [9] - [10] [9] [9] [9] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] S. EMPLOYING (EIN): [S] [1] - [6] [9] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9] [9] S. EMPLOATION (EIN): [S] [1] - [6] [9 | County: Santa Cruz | | | | | | | |
| Second S | State: California | Zip Code 95076 | ٠. | Suffix: | | | | |
| B. TYPE OF APPLICATION: New Continuation Revision C. Municipal C. Muni | Country: USA | | | dfrench | | S | | |
| 8. TYPE OF APPLICATION: New Continuation Revision C. Municipal T. TYPE OF APPLICATION: C. Municipal Other (specify) FEB 2 4 2004 Cher (specify) S. Make OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF FEDERAL AGENCY: Federal Aviation Administration STATE CLEARING HOUSE C. Municipal Other (specify) S. NAME OF PROJECT S. Name Of Program Aviation Average S. Name Of Program | 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Numbe | r (give area code) | Fax Number | er (give area code) | |
| New Continuation Revision C. Municipal C | 94-6000451 | | | ' ' | | 1, , | The second secon | water water the state of the st |
| Revision, enter appropriate letter(s) in box(es) Gebe back of from for description of letters.) Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of letters. Geb back of the form for description of the form for the form for description of the form for description of the form for description of the form for the form for the form for description of the form for the fo | | [mail | 99**** | 7. TYPE OF A | PPLICANT: (See ba | ck of form for | Application (Types) | 'ED |
| Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: Federal Aviation Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT. Watsonville Municipal Arport, Watsonville, Santa Cruz County, California 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California 13. PROPOSED PROJECT Start Date: 2004 14. CONGRESSIONAL DISTRICTS OF: 3. Applicant 5. Ending Date: 2004 15. ESTIMATED FUNDING: 5. Federal 5. Applicant 5. Applicant 6. State 6. Other 7. PROGRAM IS NOT COVERED BY E. O. 12372 6. Other 8. Other 9. PROGRAM HAS NOT DEEN SELECTED BY STATE FOR REvision 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9. THE 2. 4 2004 10. CATALOG OF FEDERAL AGENCY: Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT. 12. California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 16. 2004 16. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9. FOR PROGRAM HAS NOT DEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. Authorized Representative Denald 18. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. Authorized Representative Donald 18. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANC | | | n 📙 Revision | C. Municipal | | | ren o | _ |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Comparison Co | | | | Other (specify) | | | FEB 2 4 | 2004 |
| TITLE (Name of Program): Alphor Improvement Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California 13. PROPOSED PROJECT Start Date: 2004 14. CONGRESSIONAL DISTRICTS OF: 17 15. ESTIMATED FUNDING: 1. Federal 1. PROJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 1. Applicant 1. PROGRAM IS NOT OVERED BY E. 0. 12372 6. Cither 1. Program Income 1. Program Income 1. 1, 1877,000 1. 18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY STANCE IS AWARDED. 2. Authorized Representative Prefets 1. Telephone Number (give area code) (831) 728-6075 Applort Managager Watsonville Municipal Airport, Watsonville, Santa Cruz County, California are Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Relocate Access Road (60' x 1,800') Rehabilitate Taxiway J - Phase 1 (30,000 sq. ft.) Relocate Access Road (60' x 1,80 | Other (specify) | | | | | | STATECIEARING | 5. d. d. day |
| TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California 13. PROPOSED PROJECT Start Date: 2004 14. CONGRESSIONAL DISTRICTS OF: 3. Applicant 17. To Review By STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 5. PROJECT 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 16, 2004 b. No. □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 6. Program Income 7. TIS THE APPLICATION ANY FEDERAL DEBT? 9. TOTAL 1. 1,877,000 17. IS THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Donald I To Telephone Number (give area code) (831) 728-8075 | 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIP | TIVE TITLE OF APPL | ICANT'S PR | OJECT: | HOUSE |
| Airport Improvement Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California 13. PROPOSED PROJECT Start Date: 2004 14. CONGRESSIONAL DISTRICTS OF: 15. ESTIMATED FUNDING: a. Applicant 17 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. PROGRAM IS NOT COVERED BY E. O. 12372 b. Applicant 5. OR PROGRAM IS NOT COVERED BY E. O. 12372 c. State 6. Other 5. OR PROGRAM HAS NOT BEEN SELECTED BY STATE 6. Program Income 5. OR PROGRAM HAS NOT BEEN SELECTED BY STATE 6. Forgam Income 5. OR PROGRAM HAS NOT BEEN SELECTED BY STATE 6. FOR REVIEW 7. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9. TOTAL 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICANT WILL COMPLY WITH THE COVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE CATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Pyefix First Name Firench D. Tille Airport Managger Airport Managger Airport Managger Date Steven C. Telephone Number (give area code) (231) 728-8075 C. Date Steven C. Telephone Number (give area code) (231) 728-8075 C. Date Steven C. Telephone Number (give area code) (231) 728-8075 C. Date Steven C. Telephone Number (give area code) (231) 728-8075 | TITLE (Name of Program): | | 20-106 | California | | | | |
| City of Watsonville, California 13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2004 15. ESTIMATED FUNDING: a. Applicant 17 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal b. Project 17 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal c. State c. State c. State c. Other | Airport Improvement Progra | | 0(-((-)) | Rehabilitate | Apron - Phase 1 (30 | ,000 sq. ft.) | | |
| 13. PROPOSED PROJECT Start Date: 2004 2004 15. ESTIMATED FUNDING: a. Federal b. Project 17 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal c. State c. State c. State d. Local c. Other | | DJECT (Cities, Counties | , States, etc.): | Relocate A | ccess Road (60' x 1,8 | 00') | | |
| Start Date: 2004 Ending Date: 2004 17 17 17 17 17 17 17 1 | | | | 44 0000000 | SOLONAL DIOTRICT | . OF. | | |
| 2004 2004 17 17 17 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 1,783,150 0 1,78 | | Ending Date: | | | SSIONAL DISTRICTS | | | |
| ORDER 12372 PROCESS? a. Federal \$ 1,783,150 b. Applicant \$ 93,850 c. State \$ 93,850 d. Local \$ 000 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON DATE: February 16, 2004 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 c. Other \$ 000 c. State \$ 000 c. Other \$ | | | | | | | | |
| b. Applicant \$ 93,850 c. State \$ 93,850 d. Local \$ DATE: February 16, 2004 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ DOTAL TILE THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 1,877,000 To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Donald Suffix First Name C. Telephone Number (give area code) (831) 728-6075 C. Telephone Number (give area code) (831) 728-6075 | 15. ESTIMATED FUNDING: | | | ORDER 12372 | PROCESS? | | · | |
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| d. Local \$ DATE. February 10, 2004 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 1,877,000 Uyes If "Yes" attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE AATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. First Name Donald Middle Name E. Last Name French b. Title C. Telephone Number (give area code) (831) 728-6075 | | | 93,850 · |] | | | | |
| e. Other \$ 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 1,877,000 OVER 1,8 | | | • | | • • | | | |
| f. Program Income s 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Donald Suffix C. Telephone Number (give area code) (831) 728-6075 | G. 2000. | | • | D. NO. 11.3 | | | | |
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| 1,877,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Donald First Name Donald Suffix C. Telephone Number (give area code) (831) 728-6075 | | | • | 17. IS THE AF | PPLICANT DELINQU | ENT ON ANY | FEDERAL DEBT? | |
| DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Wr. First Name Donald First Name Suffix Suffix c. Telephone Number (give area code) (831) 728-6075 | | | | 1 | • | | | |
| Prefix First Name Donald Middle Name E. Last Name French Suffix C. Telephone Number (give area code) Airport Manager (831) 728-6075 | DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T | AUTHORIZED BY THE | GOVERNING BODY OF T | LICATION/PRE | EAPPLICATION ARE | TRUE AND (| CORRECT. THE OMPLY WITH THE | |
| Last Name French 5. Title Airport Manager C. Telephone Number (give area code) (831) 728-6075 | | | | | | | | |
| c. Telephone Number (give area code) Airport Manager (831) 728-6075 | Last Name | Donaid | | | | | | |
| - Data Signed | b. Title | | | | | er (give area co | de) | |
| | d. Signature of Authorized Repre | sentative | | | o Data Signed | -6.18 | 04 | |

| APPLICATION FOR | _ | O DATE GUDAUTTED | | TA I' | -1'6' | Version 7/0 |)3 |
|---|--------------------------------|--|---------------------------------|---|----------------|-----------------------------------|--|
| FEDERAL ASSISTANCE | = | 2. DATE SUBMITTED | | Applicant Ide R9-Tracking | | | |
| 1. TYPE OF SUBMISSION: | D | 3. DATE RECEIVED BY | STATE | State Application Identifier | | | 1 |
| Application | Pre-application | 4. DATE RECEIVED BY | FEDERAL AGEN | ICY Federal Ident | tifier | | - |
| Construction Non-Construction | Construction Non-Construction | | | | | | |
| 5. APPLICANT INFORMATION | | | | | | | |
| Legal Name: | | | Organizational | Unit: | | | 7 |
| California Air Resources Board | | | Department: | | | | _] . |
| Organizational DUNS: 828321871 | | | Division: Administrative S | Services Division | | | |
| Address: | | | · | • | | contacted on matters | 7 |
| Street: 1001 Street | | | Prefix: | ipplication (give ar First Name: | ea code) | | - |
| P.O. Box 2815 | | | Mrs. Middle Name | Valinda | | | 4 |
| City: Sacramento | | | Wildule Name | | | | |
| County: | | | Last Name Debbs | | | | |
| State: CA | Zip Code 95812 | | Suffix: | | | | 1 |
| Country: USA | 1 333.2 | | Email: | a don | | | 1 |
| 6. EMPLOYER IDENTIFICATION | ON NUMBER (EIN): | | vdebbs@arb.ca Phone Number | | Fax Numb | er (give area code) | - |
| 68-0288069 | | | (916) 322-8201 | ·= . · · · · · | (916) 322- | , | |
| 8. TYPE OF APPLICATION: | | | 1` | PLICANT: (See bad | | | - |
| € Ne | w Continuation | n 🏗 Revision | A | | | (p | |
| If Revision, enter appropriate let | ter(s) in box(es) | | | | | | |
| (See back of form for description | or letters.) | | Other (specify) | | | | |
| Other (specify) | | tamas' | | DERAL AGENCY: Protection Agency | | | 1 |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | | VE TITLE OF APPL | ICANT'S PR | OJECT: | - |
| TO. OPTIMIZED OF PEDENCIE | | | 1 | eration of ARB's PM | | | and the same of th |
| TITLE (Name of Program): | | 6 6 6 0 6 | | | 1000 | RECEIV | ED |
| Surveys, Studies, and Investiga 12. AREAS AFFECTED BY PR | | s States etc.): | - | | 1 | 1 - | 1 |
| State of California | COCCOT (Onica, Cournie | 5, diaico, cio.,. | | | | FEB 2 4 7 | 2004 |
| 13. PROPOSED PROJECT | | | 14 CONGRESS | SIONAL DISTRICTS | OF: | f 1m | \dashv |
| Start Date: | Ending Date: | | a. Applicant | NONAL BIOTAIOTO | b. Project | | 2 4011 |
| | | | 03 | TION OUR IFOT TO | Statewide 1 | STATE CLEARING | 1100 |
| 15. ESTIMATED FUNDING: | | | (| | | STATE EXECUTIVE | |
| a. Federal \$ | | 200,000 | a. Yes. Z THI: | PROCESS? S PREAPPLICATION VILABLE TO THE ST | N/APPLICAT | TON WAS MADE JTIVE ORDER 12372 | |
| b. Applicant \$ | | ·w | | OCESS FOR REVIE | | TIVE ORDER 12372 | |
| c. State \$ | | .00 | DAT | E: Signature Date | | | |
| d. Local \$ | | .00 | b. No. | OGRAM IS NOT CO | VERED BY E | E. O. 12372 | |
| e. Other \$ | | .00 | D. NO. 11.3 | | | LECTED BY STATE | |
| f. Program Income \$ | | | FOF | REVIEW | | FEDERAL DEBT? | 4 |
| | | | - | | | | |
| g. TOTAL \$ | | 200,000 | 1 | attach an explanatio | | ₩ No | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE | GOVERNING BODY OF | PLICATION/PREA THE APPLICANT | PPLICATION ARE AND THE APPLICA | TRUE AND O | CORRECT. THE OMPLY WITH THE | |
| a. Authorized Representative | | | 72 | A: / J! - N! | | • | 1 |
| Prefix Mrs. | First Name Marie | | | fiddle Name | | | |
| Last Name LaVergne Mary | · Lallisere | - | S | uffix | | | |
| o. Title Chief, Administrative Services | () x - x - | and the first control of the control | | . Telephone Number | (give area cod | de) | 1 |
| d. Signature of Authorized Repre | esentative | | | 916) 322-8198 . Date Signed | 1, | 00.000 | 1 |
| | • | | Γ. | Let | bruary | 20,2004 | |

| © | | | | | Version 7/03 | | | |
|---|----------|--|---|---|---|--|--|--|
| APPLICATION FOR FEDERAL ASSISTAN | ICE | | 2. DATE SUBMITTE | D | Applicant Identifier | | | |
| 1. TYPE OF SUBMISSION Application | | Preapplication | 3. DATE RECEIVED | BY STATE | State Application Identifier | | | |
| ☐ Construction ■ Non-Construct | lon | ☐ Construction ☐ Non-Construction | 4. DATE RECEIVED AGENCY | BY FEDERAL | Federal Identifier | | | |
| S. APPLICANT INFORMAT | ION | | | | | | | |
| Legal Name: STATE OF CALIFORNIA DI | EPARTME | ENT OF HEALTH SERVICES | Organizational Unit: DEPARTMENT OF H | BEALTH SERVIC | ES; | | | |
| Organizational DUNS: 9682 | 57675 | | | | Environmental Management | | | |
| Address: Street: 1616 Capitol Avenue | MS 741 | 8) | Name and telephone matters involving this | number of the p application (give | erson to be contacted on area code) | | | |
| P.O. Box 997413 | | | Prefix: Mr. | First Name: Roi | bin | | | |
| City: Sacramento | | | Middle Name: R | | | | | |
| County: Sacremento | | | Last Name: Hook | | | | | |
| State: California | | Zip Code: 95899-7413 | Suffix: - | | | | | |
| Country: | | | Email: rhook@dhs.ca | a.gov | | | | |
| 6. EMPLOYER IDENTIFI | CATION I | NUMBER (EIN): | Phone number (give a | | x number (give area code) 916) 449-5656 | | | |
| 6 8 - 0 3 1 7 1 9 1 | | | (916) 449-5624 7. TYPE OF APPLIC | | of form for Application Types): | | | |
| 8. TYPE OF APPLICATION: | | | Other (spe | clfy): | A | | | |
| □ New ■ Continuation □ Revision | | | 9. NAME OF FEDER | 9. NAME OF FEDERAL AGENCY: | | | | |
| If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) | | | | ENVIRONMENTAL PROTECTION AGENCY | | | | |
| Other specify | | | | | | | | |
| 10. CATALOG OF FEDER | AL DOM | ESTIC ASSISTANCE NUMBER: | 11. DESCRIPTIVE T | ITLE OF APPLI | CANT'S PROJECT: | | | |
| 6 8 - 4 6 8 TITLE (Name of program): CAPITALIZATION GRANTS FOR DRINKING WATER STATE | | | · | DRINKING WATER STATE REVOLVING FUND VAN PROGRAM | | | | |
| REVOLVING FUND | | | | F | EB 2 3 2004 | | | |
| CALIFORNIA - STATEV | | CT (cities, counties, states, etc) | | | | | | |
| 13. PROPOSED PROJECT | : | | 14. CONGRESSION | AL DISTRICAS | PICLEARING HOUSE | | | |
| Start Date: | | End Date | a. Applicant: ALL | b. Proje | | | | |
| 15. ESTIMATED FUNDING | : | | 16. IS APPLICATION EXECUTIVE ORDER | 12372 PROCES | 887 | | | |
| a. Federal | | \$81,966,200 | | ECUTIVE ORDE | MADE AVAILABLE TO THE R REVIEW PROCESS FOR | | | |
| b. Applicant | | \$16,393,240 | | ATE: February | 23, 2004 | | | |
| c. State | | \$ | | | VERED BY E.O. 12372 ECTED BY STATE FOR | | | |
| d. Local | | \$ | REVIEW | NOT BEEN SEL | ECIED BY STATE FOR | | | |
| e. Other | | \$2,000,000 | AT ID THE APPLICA | NT DEL MOUEN | IT ON ANY FEDERAL DEBT? | | | |
| f. Program (ncome | | \$ | | "Yes" attach an e | | | | |
| DOCUMENT HAS BEE! | N DULY A | \$100,359,440 DGE AND BELIEF, ALL DATA IN THIS A UTHORIZED BY THE GOVERNING BOD IF THE ASSISTANCE IS AWARDED. | APPLICATION/PREAPPLICA | TION ARE TRUI | E AND CORRECT, THE | | | |
| a. Authorized Representativ | /e | | | | | | | |
| | rst Name | Thomas | Middle Name | | | | | |
| Last Name | | , | Suffix | · · · · · · · · · · · · · · · · · · · | | | | |
| McCaffer | у | | | | | | | |
| b. Title Chief Deputy Di | rector | | c. Telephone number (give 916-440-7400 | = area code) | | | | |
| d. Signature of Authorized | Represen | tative | | e. Date | Signed | | | |

| Construction | Pre-application | 2. DATE SUBMITTED 2/20/04 3. DATE RECEIVED BY 2/23/04 | STATE | Applicant Identi State Applicati | |
|--|-------------------------|--|----------------------------|---|--|
| TYPE OF SUBMISSION: pplication Construction | Pre-application | 3. DATE RECEIVED BY 2/23/04 | STATE | State Applicati | on Identifier |
| Construction | Pre-application | | | İ | |
| Non-Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENC | Federal Identif | er |
| | Non-Construction | | | | - IN THE |
| | | | Organizational Ur | ile: | |
| gal Nama: | | | Deserment | | anmont |
| niversity of Southern California | | | School of Policy, P | | DININI |
| ganizational DUNS: 67 2 | 2933393 | | Institute for Civic E | nterprise | rson to be contacted on matters |
| idress: | | 17. | Involving this app | one number of pe blication (gi∨e are | B code) |
| reet: | DEGE! | | Prefix: | First Name: | |
| niversity Campus | | | Middle Name | | , <u></u> |
| ty: as Angeles | 1 | | Last Name | | |
| ounty: | FEB 23 | 3 <u>2004 [5]</u> | Mitchell | | |
| ate: | Zib Code 90089-0626 | | Suffix: | | |
| ountry: nited States | CTATE CLEAR | PING HOUSE | Emall: mitchell@usc.edu | | Tow Allymbor (also area redé) |
| EMPLOYER IDENTIFICATIO | NNUMBER (PIN)-11 | III PALLE COM | Phone Number (gl | No BLP3 code) | Fax Number (give area code) (213) 740-0626 |
| 95-1642394 | | | (213) 740-1487 | ICANT: (Cashas | k of form for Application Types) |
| TYPE OF APPLICATION: | Prins | F 7 - | | | V OF TOTAL IN WASHINGTH (Abos) |
| New Development and Control Letter | y Mi Continuation | nolalveA 🗍 no | J. Private Universi | ty | |
| Revision, enter appropriate lett see back of form for description | of letters.) | ٦٦ | Other (specify) | | |
| ther (specify) | | | 9. NAME OF FED | ERAL AGENCY: of Commerce, Eco | nomic Development Administration |
| . CATALOG OF FEDERAL | OMESTIC ASSISTAN | ICE NUMBER: | 11. DESCRIPTIVI | TITLE OF APPL | CANT'S PROJECT: |
| | | 1 1-303 | University Conter | Program for Econo | omic Development |
| ITLE (Name of Program); Economic Davelopment - Techr | lical Assistance | | | | |
| 2. AREAS AFFECTED BY PR | OJECT (Cities, Countle | | | | |
| mperial, Inyo, Kern, Los Angele | эь, Mono, Oranga, Rive | erelde, San Bernardino, Sa | on | ANAL PIOTRICTO | OF: |
| 3. PROPOSED PROJECT | Ending Date: | | a. Applicant | ONAL DISTRICTS | b. Project |
| tart Date: 5/01/04 | 04/30/05 | | Dietrict 32 | AU OUD JEGT TO | Districts 20-52 |
| 6. ESTIMATED FUNDING: | | | ABBED 42370 DE | 300000 | REVIEW BY STATE EXECUTIVE |
| . Federal \$ | | 110.000 · | THIS | PREAPPLICATIO | N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372 |
| a. Appilcant \$ | | OU | ^\^\ | CESS FOR REVIE | |
| . търнови | | 121,021 | DATE | E: 2/20/04 | |
| . State \$ | | | | | VERED BY E. O. 12372 |
| I, Local \$ | | Ÿ | IN NG III | | |
| a. Other \$ | | .00 | | | OT BEEN SELECTED BY STATE |
| f. Program Income \$ | | 00 | 17. IS THE APPI | ICANT DELINQU | ENT ON ANY FEDERAL DEBT? |
| TOTAL \$ | | 231,021 | ☐ Yes If "Yes" a | ittach an explanatio | on. W No |
| | OWLEDGE AND BELIT | | PPLICATION/PREA | PLICATION ARE | TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE |
| ACHERENT DAC DEEN DIII V | / Allimicki/Fi) bit i F | IE COVERNING HODI O | F THE APPLICANT | AND THE APPLIC | ANT WILL COMPLY WITH THE |
| TTACHED ASSURANCES IF Authorized Representative | THE ASSISTANCE IS | MANINDED | | Iddle Name | |
| cetix | First Name | | | | |
| ast Name | Senior Co | arricia Stephens-Smith | S | uffix | |
| , Tille | Deparlm | ontract & Grant Administrant of Contracts and Grant | rator c. | Telephone Number | ar (give area code) |
| · · · · · · · · | <u></u> | 11s, | 1 | Date Signed | |
| I. Signature of Authorized Repr | rosentative mut | | · · | 1) ~ 1 A 1 A | |

| | · · · · · · · · · · · · · · · · · · · | | OMB Approval No. 0348-0043 | |
|---|--|--|---|--|
| APPLICATION FOR | 2. DATE SUBMITTED | ruary 20, 2004 | Applicant Identifier | |
| FEDERAL ASSISTANCE | rebi | ualy 20, 2004 | | |
| 1. TYPE OF SUBMISSION: | 3. DATE RECEIVED | BY STATE | State Application Identifier | |
| Application Preapplication | | | | |
| ☐ Construction ☐ Construction | 4. DATE RECEIVED | BY FEDERAL AGENCY | Federal Identifier | |
| ☐ Non-Construction ☐ Non-Construction | | i | | |
| 5. APPLICANT INFORMATION F | CE IVE | | | |
| Legal Name: Port of Oakland | 6 E 1 V B | Organizational Unit: | cting by and through its Board of Port | |
| 1 of tot Oakland | | Commissioners | ting by and through its board of Fort | |
| Address (give city, county, state, and zip code) | FEB 23 2004 1 | Name and telephone num | ber of the person to be contracted on matters involving | |
| 530 Water Street | | this application (give area | code) | |
| Oakland, CA 94607 | - OLEADING HOUSE | Christina Lee | | |
| STATE | CLEARING HOUSE | (510) 627-1510 | | |
| EMPLOYER IDENTIFICATION NUMBER (EIN): | | | : (enter appropriate letter in box) | |
| 94-1746 | त वि नि नि | A. State | H. Interdependent School District | |
| 9 4 - 1 7 4 6 | 5 3 1 2 | B. County C. Municipal | State Controlled Institution of Higher Learning Private University | |
| 8. TYPE OF APPLICATION: | | D. Township | K. Indian Tribe | |
| <u> </u> | — | E. Interstate F. Intermunicipal | L. Individual M. Profit Organization | |
| New Continuation | Revision | G. Special District | N. Other (Specify) | |
| If Revision, enter appropriate letter(s) in box(es): | | | | |
| A Increase Award B Decrease Award | C Increase Duration | | | |
| D Decrease Duration Other (specify) | | 9. NAME OF FEDERAL | | |
| | ** | Federal Aviation A | dministration | |
| | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER | | 1. Airport Securit | of APPLICANT'S PROJECT: v CCTV Upgrade | |
| TITLE: Airport Improvement 2 0 | . 1 0 6 | | -Up Pad at 29 End of Runway 11-29, | |
| Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, count | ion states eta l: | South Field, OI | | |
| 12. ANEAS AFFECTED BY FROSECT (cliles, court. | 165, States, Etc./. | | FApron Improvements South of & 3, North Field, OIA | |
| San Francisco Bay Area | | 4. Reconstruction of East Apron Pavement,, South Field | | |
| | | | Areas (RSAs)Study | |
| | | | | |
| 13. PROPOSED PROJECT 14. CONGR | RESSIONAL DISTRICTS OF | | | |
| Start Date Ending Date a. Applican | | b. Pro | ject | |
| April 2005 Aug 2007 7 | | 4 | | |
| 15. ESTIMATED FUNDING a. Federal \$ 12.847.312 | | | STATE EXECUTIVE ORDER 12372 PROCESS CATION WAS MADE AVAILABLE TO THE | |
| 12,047,312 | STA | | 372 PROCESS FOR REVIEW ON | |
| b. Applicant \$ 3,094,259 | .00 | | | |
| c. State \$ | · DAT | E: February 20, 200 | 4 | |
| d. Local \$ | b. NO | PROGRAM IS NOT COVE | RED BY E. O. 12372 | |
| e. Other \$ | $\overline{\cdot}$ | OR PROGRAM HAS NOT | BEEN SELECTED BY STATE FOR REVIEW | |
| f. Program income \$ | 17. IS THE APPLICA | NT DELINQUENT ON ANY F | FEDERAL DEBT? | |
| g. TOTAL \$ 15 941 571 | .00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | ⊠ No | |
| 13,541,571 | l Li tes irye. | s, attach an explanation | | |
| | IEF, ALL DATA IN THIS APPLICA E APPLICANT AND THE APPLICA | ATION ARE TRUE AND COR ANT WILL COMPLY WITH TH | RECT, THE DOCUMENT HAS BEEN DULY HE ATTACHED ASSURANCES IF THE ASSISTANCE IS | |
| AWARDED a. Typed Name of Authorized Representative | b. Title | | c. Telephone number | |
| Gerald M. Serventi | Director of Enginering | | (510) 627-1268 | |
| d. Signature of Authorized Representative | | | e. Date Signed | |
| | | | February 20, 2004 | |

Previous Editions Not Usable

| | | | 10 D 077 | SUBMITTED | | | |
|------------------------------|-------------------|--|------------|--|----------|--|--|
| Application Federal As | n for | | 2. DATE | 12104 | Al | | |
| Feueral As | ssitance | OYMENT OPPORTUNITIE | 1 | RECEIVED BY STATE | <u> </u> | | |
| TYPE OF BUBBLE | TNOMIF P | ERSONS AND BUSINESSE | 5 | | | | |
| OR LUVVER | ISTNESS OF | RANT, OTHER | | | | | |
| Application | 10211100 | Preapplication | 4. DAT | E RECIEVED BY | F | | |
| Construction | | Construction | FEDER | AJ AGENCY | | | |
| Non Construc | | Non-Construction | | | | | |
| APPIICANT INFO | | | 0 | tional Unit: | | | |
| Jegal Name: 🌃 🖒 | | | | nd telephone numberof the p | | | |
| ADDRESS (give city | TRAND | AVE. APT#26 | | ers involving this applicatio | | | |
| NORTH | BERGIEI | VITEGELVEIN | 7. Type | of Applicant: (enter appropr | riste l | | |
| EEB 2 3 2004 | | | | e ty icipal | H I. | | |
| | | had been been been been been been been bee | D. Tour | veyib | J. | | |
| 6. Employer Idenfi | cation Number | | E.Inte | ratate rmunicipal | K J. | | |
| DD-DB BB BBATERLEARING HOUSE | | | | ial District | M | | |
| | | | | | N | | |
| 8. Type of Application: | | | | 9. Name of Federal Agency | | | |
| NEW Continuation Revision | | | | | | | |
| If Revision, enter | appropriate lette | r(s) in box(es): | 10. Cat | 10. Catalog of Federal Domestic Assistanc | | | |
| | | | | | | | |
| A. Increase Award | B. Decre | ease Award C. Increase Duration | Tit | | | | |
| D. Decrease Durat | ion Other (s | pecify | | | | | |
| | | | | | | | |
| | | | 12 ATE: | as Affected by Project (cities | E. COUD | | |
| VERY LO | W INCOM | IE PERSONS I NEED | D | | | | |
| A HEIP OF | ENA SI | MALL BUSINESS, | | en e | | | |
| I NEED A | GRANT | FOR SMALL BUSINES | 5 | | | | |
| 13. Proposed Projec | :τ: | | 14. Con | gressional Districts Of: | | | |
| Start Date | Ending Date | E. Applicant | | b. Project | | | |
| 15. Estimated Fund | ling: | 1 | 16. Is a | pplication subject to review | by Sta | | |
| z. Federal | \$ 25,000 | | a. YES | This preapplication was m | ade av | | |
| b. Applicant | | | - | State Erecutive Order 12 | | | |
| c. State | \$33,000 | | | DATE | | | |
| | \$ 25,000 | | ъ. ио | ☐ Program not coveredby F | E.O. 12 | | |
| d. Jocal | \$25,000 | | | or Program has been sele | cted by | | |
| e. Other | \$ 25,000 | , | | ADDITION DESCRIPTION | | | |
| f. Program Income | \$ | | 11. IS | APPIICANT DEIIQUENT OI es (If Yes, attach an expl | | | |
| F. Total | \$1,33,00 | | | | | | |
| | | E AND BEILEF, ALL DATA ON THIS | | | | | |
| • | | BY THE GOVERNING BODY OF THE A | PPI I CANT | AND THE APPLICANT WILL | COMI | | |
| RIMALL | UMAR | PATEL | | Rectal | | | |
| JU IIIEN | | | | ale de | 27 | | |
| | | | | 0/201-1 | | | |

| APPLICATION FOR | | | | | Version 7/03 | |
|--|--|--|--|---|---|--|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED February 10, 2004 | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applicat | ion Identifier | |
| ✓ Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identi | fier | |
| Non-Construction | ☐ Non-Construction | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | - Continue of the Continue of | • • | Organizational Un | 4. | | |
| | | | Department: | | | |
| City of Chico | | | | lic Works | | |
| Organizational DUNS: 08-528-7522 | Branch (1- | CE VE | | ineering | | |
| Address: Street: | | I G E U V E | Name and telepho | ne number of pe | rson to be contacted on matters | |
| P.O. Box 3420 | 11n/L | | Prefix: | First Name: | 4 0040) | |
| City: | HNII | TER 2 3 2004 | Middle Name | Robert | | |
| City: Chico | | | | | | |
| County: Butte | | | Last Name Grierson | *** | | |
| State: California | Zip Code 95927 STAT | TE CLEARING H | Suffix: | | | |
| Country: USA | And the same of the property of the same o | and the second section of the second section is a second section of the second section | Email: rgrierso@ci | .chico.ca.us | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Number (give | | Fax Number (give area code) | |
| 94-6000380 | | | (530) 879-3910 | | (530) 895-4825 | |
| 8. TYPE OF APPLICATION: | MARCON . | | 7. TYPE OF APPLI | CANT: (See bac | k of form for Application Types) | |
| If Revision, enter appropriate letter | Continuation | n Revision | C. Municipal | | | |
| (See back of form for description | of letters.) | | Other (specify) | | | |
| Other (specify) | | | 9. NAME OF FEDE Federal Aviation Ac | | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE | TITLE OF APPLI | CANT'S PROJECT: | |
| TITLE (Name of Program): | | 20-106 | Chico Municipal Air Runway 13L Nort | | cCounty, California Related Taxiways - Phase 1 | |
| Airport Improvement Program 12. AREAS AFFECTED BY PRO | OJECT (Cities, Counties, | . States. etc.): | | | | |
| City of Chico, Butte County and | • | ,, | | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSIO | NAL DISTRICTS | OF: | |
| Start Date: | Ending Date: 2004 | | a. Applicant 2nd | | b. Project 2nd | |
| 2004 15. ESTIMATED FUNDING: | 2004 | | L | | REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | | 3,538,750 | A Vas IZ THIS P | REAPPLICATION | VAPPLICATION WAS MADE | |
| b. Applicant \$ | | 00 | AVAILA | SS FOR REVIEN | ATE EXECUTIVE ORDER 12372 V ON | |
| c. State \$ | | 186,250 | DATE | February 16, 200 | | |
| d. Local \$ | | . 00 | 5500 | • | /ERED BY E. O. 12372 | |
| | | . 00 | D. NO. ILI | | | |
| e. Other \$ | | . 00 | FOR RI | EVIEW | T BEEN SELECTED BY STATE | |
| f. Program Income \$ | | • | 17. IS THE APPLIC | ANT DELINQUE | NT ON ANY FEDERAL DEBT? | |
| g. TOTAL \$ | | 3,725,000 | ☐ Yes If "Yes" atta | ch an explanatior | n. 🙎 No | |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T | AUTHORIZED BY THE (| GOVERNING BODY OF T | | | | |
| a. Authorized Representative | First Name | | Mida | le Name | | |
| Prefix Mr. | Thomas | | J. | | | |
| Last Name Lando | | deriver the second seco | Suffi | | | |
| b. Title City Manager | | 20 | c. Te | lephone Number) 895-4 87 0 ፞ | (give area code) | |
| d. Signature of Authorized Repre- | sentative / | 16/9 | e. Da | ite Signed - | EB 1 9 2004 | |
| | | W- 1 | | | | |

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Authorized pursuant to City of Chico City Council Minute Order No. 03-04 approved February 17, 2004

| | | | |) . | | |
|---|--------------------------------|--------------------------------------|--|-------------------------------|---|--|
| APPLICATION FOR | | | | T: | Version 7/03 | |
| FEDERAL ASSISTANCE | ≣ | 2. DATE SUBMITTED Febuary 9, 2004 | | Applicant Iden OXR 04-1 | tifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier | | |
| Application | Pre-application | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identii | fier | |
| Construction | Construction | 4. DATE RECEIVED D. | , | NPIAS 3-06-0 | | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | | |
| Legal Name: | | | Organizational Unit: | | | |
| County of Ventura | | | Department: Department of Airports | | | |
| Organizational DUNS: 129771036 | | | Division: | | | |
| Address: | | | | | rson to be contacted on matters | |
| Street: 555 Airport Way, Suite B | | | involving this applic Prefix: | ation (give are | a code) | |
| • | | | Mr. 1 | Scott | | |
| City: Camarillo | | GEIVE | Middle Name E. | | | |
| County: Venutra | | | Last Name Smith | | | |
| State: CA | Zip Code 93010 | FEB 2 1 2004 | surfix: | | , | |
| Country: | 1 33010 | I los by Los | Email: scott.smith@mail.co. | ventrua ca us | | |
| 6. EMPLOYER IDENTIFICATION | ON NUMBER (EIN): | | | | Fax Number (give area code) | |
| 95-6000944 | 0 mg 1 mg | E CLEARING HO | (805) 388-4200 | | (805) 388-4366 | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLICA | ANT: (See bac | k of form for Application Types) | |
| ☑ Ne | | n 🔲 Revision | В | | | |
| If Revision, enter appropriate let (See back of form for description | ter(s) in box(es) of letters.) | П | Other (specify) | | | |
| Other (specify) | | | 9. NAME OF FEDER Federal Aviation Adm | inistration, Wes | - | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTANC | 2 0-1 0 6 | • | | CANT'S PROJECT: ling Drainage, Blast Pad (design | |
| TITLE (Name of Program): Airport Improvement Program | | 2 0 - 1 0 0 | only) | | | |
| 12. AREAS AFFECTED BY PF | ROJECT (Cities, Counties | s, States, etc.): | | | | |
| Ventura County | | | | | | |
| 13. PROPOSED PROJECT | Ending Date: | | a. Applicant | AL DISTRICTS | OF: b. Project | |
| Start Date: July 2004 | August 2004 | | 19 & 21 | | 21 | |
| 15. ESTIMATED FUNDING: | , | | 16. IS APPLICATION ORDER 12372 PROC | | REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | | 250,000 | a. Yes. THIS PRI | EAPPLICATION SLE TO THE ST | N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 | |
| b. Applicant \$ | | 27,777 | PROCES | SS FOR REVIEV | W ON | |
| c. State \$ | | . 00 | DATE: | | | |
| d. Local \$ | | .00 | b. No. 🕊 | | /ERED BY E. O. 12372 | |
| e. Other \$ | | .00 | FOR RE\ | /IEW | T BEEN SELECTED BY STATE | |
| f. Program Income \$ | | . 00 | 17. IS THE APPLICA | NT DELINQUE | NT ON ANY FEDERAL DEBT? | |
| g. TOTAL \$ | | 277,777 . , | Yes If "Yes" attacl | • | | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE | GOVERNING BODY OF | PLICATION/PREAPPLI THE APPLICANT AND | THE APPLICA | NOT WILL COMPLY WITH THE | |
| a. Authorized Representative | First Name | | Middle | Name | | |
| Prefix Mr. | First Name Scott | | E | | | |

First Name Scott Middle Name E Last Name Smith Suffix c. Telephone Number (give area code) (805) 388-4200 e. Date Signed February 9, 2004 b. Title Director of Airports

Sut Smith

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d. Signature of Authorized Representative

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| L DDI VOLTION FOR | 2 DATE CUDMITTED | | Applicant Identifier | | |
|---|---------------------------------------|--|---|--|--|
| APPLICATION FOR FEDERAL ASSISTANCE | 2. DATE SUBMITTED | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION | 3. DATE RECEIVED BY | STATE | State Application Identifier | | |
| Application Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Y | Federal Identifier | | |
| Preapplication Non-Construction | | | | | |
| 5.APPLICANT INFORMATION | | | | | |
| Legal Name | | Organizat | cional Unit | | |
| Neighborhood Legal Services of Los A | ingeles County | Neighbor | hood Legal Services | | |
| Address | GEIVEN | | I telephone number of the person to be on matters involving this application | | |
| 13327 Van Nuys Boulevard | <u> </u> | | | | |
| Pacoima, California 91331-3099 | FEB 2 1 2004 | Mariajim (818) 834 | enez, Yvonne 7531 | | |
| 6. EMPLOYER IDENTIFICATION N | UMBER (EIN) | 7. TYPE | OF APPLICANT | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-2408642 STATE CLEARING HOUSE | | | Consortium | | |
| 8. TYPE OF APPLICATION | | | 9. NAME OF FEDERAL AGENCY | | |
| Continuation | | Office on Violence Against Women | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE | | | CRIPTIVE TITLE OF APPLICANT'S | | |
| NUMBER: 16.524 CFDA CIVIL LEGAL ASSISTANCE GRANT TITLE: PROGRAM | | | Legal Assistance for Victims Grant Program; Cognizant Federal Agency; Office of Justice Programs, Violence Against Women Office. Applicant's fiscal year 07/01 through 6/30 | | |
| 12. AREAS AFFECTED BY PROJEC | T | | | | |
| Los Angeles County (San Fernando, Sa Burbank and Pasadena | anta Clarita, San Gabriel, A | Antelope a | nd Pomona Valleys); cities of Glendale, | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | | | |
| Start Date: July 01, 20 | | | | | |
| End Date: June 30, 2 | 006 | a. Applican | t | | |
| | | | b. Project CA24 CA25 CA26 CA27 CA28 CA31 CA41 | | |
| 15. ESTIMATED FUNDING | | | PLICATION SUBJECT TO REVIEW | | |
| Federal | \$450,000 | BY STAT | TE EXECUTIVE ORDER 12372 S? | | |
| Applicant | \$0 | | | | |
| State | \$0 | | pplication/application was made to the state executive order 12372 | | |
| Local | \$0 | available to the state executive order 123/2 | | | |

| Other | \$0 | process for review on 02/17/2004 |
|----------------|-----------|--|
| Program Income | \$0 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| TOTAL | \$450,000 | N |

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

Kathleen Kerr

OMB Approval No. 0348-0043

| APPLICATION FOR | | | | Applicant Identifier |
|--|-----------------------------|-----------------------|---------------------------------------|---|
| FEDERAL ASSISTAN | ICE . | 2. DATE SUBMITTED | | Applicant Identifier |
| | | Feb 23, 2004 | | 0 11 00 |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier |
| Application | Preapplication | | EEDERAL ACENCY | Federal Identifier |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | rederal idendier |
| Non-Construction | Non-Construction | | | |
| 5. APPLICANT INFORMATION | | | Organizational Unit: | |
| LegalName: Hayfork Community | 12000 | ONIZHE OF CENTING | 110 | |
| Hayfork Community Address (give city, county, State, | and zin code): | JINGVAN AL | Name and telephone i | number of person to be contacted on matters involving |
| P.O. Box 1101 | | | this application (give a | rea code) |
| Hayfork, CA 96041 | 1-1101 | 107 0 - 47 . | Wendy Reiss, (530) 628-45 | Coordinator |
| • | 11011 | 1-FR 7 0 500 | (D3U) 628-43 | ANT: (enter appropriate letter in box) |
| 6. EMPLOYER IDENTIFICATION | | | COMPE OF APPLICA | (14). (errer appropriate texts in 2019 |
| 3 1 - 1 6 3 8 | 9 1 0 1 57 | ЛЛЕОБ | A. State | H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | M-B-B-B-M | B. County | I. State Controlled Institution of Higher Learning |
| | | Revision | C. Municipal | J. Private University |
| L New | Continuation | ☐ I(evision | D. Township | K. Indian Tribe |
| If Revision, enter appropriate lett | er(s) in box(es) |] | E. Interstate | L. Individual |
| | | | F. Intermunicipal G. Special District | M. Profil Organization N. Other (Specify) 501 (c) 3 non-profit |
| A. Increase / Wars | rease Award C. Increas | e Duration | G. Special District | N. Other (Specify) Jointal and pro- |
| D. Decrease Duration Other(| specify): | | 9. NAME OF FEDER | AL AGENCY: |
| | • | | USDA Rural I | |
| | | | USDA KUTAL L | JE VE TO PIME IT |
| | AND ADDIOTABLE N | IMADED. | 11 DESCRIPTIVE TI | TLE OF APPLICANT'S PROJECT: |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | | Remodel of | Hayfork Community Center |
| | | 10 — 766 | building to | meet health & safety codes |
| TITLE: | | | and facilit | tate better delivery of |
| 40 ADEAG ACCCOTED BY DO | OJECT (Cities, Counties, St | tates, etc.): | services | |
| Hayfork, Hyampom, | Wildwood, Peau | iut, rotest | | |
| Glen and all of S | | | 1 | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | Honorable Wall | w Harger | |
| Start Date Ending Date | a, Applicant | HOHOLADIE WALL | b. Project | |
| | Honorable Wal | ly Harger | Honorable I | Wally Herger |
| 6-1-04 6-30-05 15. ESTIMATED FUNDING: | HOHOLADIE WAI | LY HICLEST | 16. IS APPLICATION | N SUBJECT TO REVIEW BY STATE EXECUTIVE |
| 15. Editor(LD Colored | | | ORDER 12372 P | ROCESS? |
| a, Federal | \$ | ,00 | | TO THE TOWN A SERVICE TO MAKE MADE |
| USDA Rural Dev. | 30, | ,000. | a. YES. THIS PRE | APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 |
| b. Applicant | \$ | do ' | AVAILABL | S FOR REVIEW ON: |
| Community match | | ,182 | PROCES | 31 OK NEVICW OW |
| c. State | \$ | • | · DATE | |
| 411 | \$ | .00 | | |
| d. Local | I " | ,565. | b. No. 🔲 PROGF | RAM IS NOT COVERED BY E. O. 12372 |
| County e Other CDDC Thinits | | | | DGRAM HAS NOT BEEN SELECTED BY STATE |
| e. Other CDBG, Trinity Trust, CA Endowmen | ht 436 | ,250 | FOR RE | EVIEW |
| f. Program Income | \$ | ,00 | AT 10 THE ADDITION | ANT DELINQUENT ON ANY FEDERAL DEBT? |
| CDBG loan | | ,700. | | |
| g. TOTAL | 529, | 697 | \ | " attach an explanation. |
| The second secon | | LI DATA IN THIS APPLI | CATION/PREAPPLICA | ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE |
| 18. TO THE BEST OF MY KNO | Y AUTHORIZED BY THE C | OVERNING BODY OF T | HE APPLICANT AND | THE APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES | F THE ASSISTANCE IS AV | VARDED. | | |
| a. Type Name of Authorized Re | epresentative | b. Title | 1 11 | c. Telephone Number 530-628-4571 |
| Sally L. Aldinge | r | Coard Dese | tary housieres | e. Date Signed |
| d. Signature of Authorized Rep | resentative | | | FOLMIANIL 20 2004 |
| Cally L. Cle | dixger | | | Standard Form 424 (Rev. 7-97) |
| Previous Edition Usable | | | • | Prescribed by OMB Circular A-102 |

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| | recommendation of the Committee of the C | | 2. DATE SUBMITTED AI |
|---------------------------------|--|--|--|
| Application Federal As | on for sssitance | | Foly 18, 2004 1, bod |
| | . // | income coming | 3. DATE RECEIVED BY STATE 6 |
| | | Solling College | |
| un ang | La Timo | all of left of | entire to the second of the se |
| | <u>unione</u> | Prespplication | 4. DATE RECIEVED BY F) |
| Application Construction | | Construction | FEDERAL AGENCY |
| Non Constru | | Non Construction | 4. Prophylip grand that and |
| 5. APPIICANT INF | | | A CONTRACTOR CONTRACTO |
| leral Name: | TOMOL | Mani, Silmore | Organizational Unit: |
| ADDDEEC /sive cr | ty, county, state, | and zip code) Ont 1# | Name and telephone numbered the person |
| 102711 | Bandi | milt aport | on matters involving this application (give |
| 4012 | parun | 0000 | snaana (310)514-8831 |
| San B | eare. n | 2 90731 | |
| | | · . | 7. Type of Applicant: (enter appropriate b |
| | | | (A)State H |
| | | | County 1. |
| | | - The state of the | C Municipal Township |
| | dinadan Mumbar | | D Township Interstate K |
| 6. Employer Identication Number | | | F Intermunicipal |
| 55-6655B | | | C Special District |
| | 6 6 0 | | и |
| 8. Type of Applies | tion; | and the second s | 9. Name of Federal Agency |
| | and the second | on Revision | |
| MEM. | Continuat | lor Revision | The state of the s |
| | | r(r) in hor(or): | 10. Catalog of Federal Domestic Assistant |
| If Revision, ente | r appropriate lette | I(a) IX bol(ea). | |
| A. Increase Awar | d B. Decr | ease Award C. Increase Duration | Title: |
| D. Decrease Dara | tion Other (| pacity) | 1717. |
| | FINOMI | Tal like Keeds | The same of the sa |
| | Somora | | DECEMENT |
| 11. Descriptive T | itle of Applicant's | Project Personal | 12. And 1 Lines Lb) Mojet Cities coun |
| 111 - 11 | A of m | 2001 · 0 10 d | FEB 2 0 2004 |
| renc | | ceed after. | LED DO COOT |
| Renar | iceal. L | che setuation | |
| Vann. M | le to al | t, pack on my | STATE CLEARING HOUSE |
| 0000 | Reist | 2 SUCK CITTOG | Contract to the contract of th |
| 13. Proposed Proje | 77 | | 14. Congressional Districts Of: |
| Start Date | Ending Date | a. Applicant | b. Project |
| | | | |
| 15. Estimated Fun | dine | | 15. Is application subject to review by Sta |
| a Federal | 1:25,000 | 2.00 | a. YES This preapplication was made av |
| | The second secon |). 00 | břate Eřecutive Ořděr 12372 pro |
| b. Applicant | 3 | 3 200 | DATE |
| c. State | \$ 2000C |).00 | b. NO (V Program not coveredby E.O. 12 |
| d. local | * 250UX |).00 | or Program has been selected by |
| e. Other | 3 25 JUL | <i>1.00</i> | The second secon |
| 1. Program Income | \$ | | 17. IS APPLICANT DELIQUENT ON ANY I |
| g. Total | \$ 100,000 | 1.00 | |
| 18 TO THE BEST O | F MY KNOLEDGE | AND BEILEF, ALL DATA ON THIS AP THE GOVERNING BODY OF THE APP | PIICATION/PREAPPIICATION ARE TRUE / IICANT AND THE APPIICANT WIII COMI |
| nan open not | T THE A SALES STATEMENT OF S | | |

Shaana Soni Gilmore 02.18.04

| | Application for Federal Asssitance | | | | SUBMITTED -16-04 | AI |
|------------------------------------|--|--|---|-------------------------|--|---------|
| 1. TYPE OF SUBM | Home Fum | ding | | 3. DATE | RECEIVED BY STATE | g. |
| Application | | Preapplication | | 4. DATE | RECIEVED BY | FI |
| Construction | | Construction Non-Construction | | FEDER | ai agency | |
| Mon Constr | | LINON-NORIES | | L | • | |
| legal Name: 🔘 | | Tikan | | Organiza | tional Unit: | |
| | | ice Jackson ad zip code) vey Lane. iton County, 0. 97062 | (Laon) | Name an | d telephone numberof the pers involving this application | |
| 10ala110 | 7 3 5 7 7 7 | 97062 | Jen | | of Applicant: (enter appropr | iate l |
| | | _ | | State Count Munic | y | H I. |
| 6. Employer Idea | fication Number | | | P Town F Inter | Ehip | J. |
| 54-7025176 | | | | | a dicipal al District | M N |
| 8. Type of Application: | | | | 9. Name | of Federal Agency | |
| MEA. | Continuati | on Revision | | ED | | |
| If Revision, enter | r appropriate lette | (s) in bor(es): | (EGE! | 2004 Domestic Assistanc | | |
| A. Increase Aware D. Decrease Dura | | se Award C. Indre | STATE CLEAT | AING FIDA | ase | |
| 11. Descriptive Ti Pay of Buy a | tle of Applicant's P Credit Cards home and | and other Bill make Improve | | 12. Area | s Affected by Project (cities, | COUR |
| 13. Proposed Proje | ect: | | | 14. Cong | ressional Districts Of: | |
| Start Date | Ending Date | n. Applicant | *************************************** | | b. Project | |
| 15. Estimated Fun | dîng: | | | 16. Is am | plication subject to review b | v Sta |
| a. Federal | \$ 25,000,00 | | | a. YES | This preapplication was ma | |
| b. Applicant | \$ 46,000,00 | | | | State Executive Order 123 | |
| c. State | \$ 25,000.0 | | | | DATE | |
| d. I ocal | \$ 25,000,0 | | | Ī | Program not coveredby E. | |
| e. Other | \$ 25,000.0 | | | | or Program has been selec | ted by |
| f. Program Income | | | | 17. IS A | PPIICANT DEIIQUENT ON | ANYI |
| g. Total | \$ 146,000.0 | 00 | | ☐ Yes | | |
| | OF MY KNOI EDGI I Y AUTHORIZED B | AND BEITEF, ALL DAT THE GOVERNING BOD | | | N/PREAPPIICATION ARE THE | |

| APPLICATION FOR | | | | | Version 7/03 |
|--|-----------------------------|--|---|--|---|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED Febuary 6, 2004 | | Applicant Iden CMA 04-1 | tifier |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Applicati | ion Identifier |
| Application | Pre-application | 4 BATE DECEMED BY | FEDERAL ACE | NOV Fadaval Idavati | G |
| Construction . | ☐ Construction | 4. DATE RECEIVED BY | FEDERAL AGE | 1 | |
| Non-Construction | Non-Construction | | | NPIAS 3-06-0 | 339-21 |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational | Unit: | |
| County of Ventura | | | Department: Department of A | Airports | |
| Organizational DUNS: 129771036 | | | Division: | | |
| Address: | | | | | rson to be contacted on matters |
| Street: 555 Airport Way, Suite B | | | Prefix: | application (give are First Name: | a code) |
| | | | Mr. | Scott | |
| City: Camarillo | | A MARIAN MAR | Middle Name E. | | |
| County: Venutra | | | Last Name Smith | | |
| State: CA | Zip Code 93010 | | Suffix: | | |
| Country: USA | | | Email: scott.smith@ma | ail.co.ventrua.ca.us | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Number | | Fax Number (give area code) |
| 95-6000944 | | | (805) 388-4200 | Contraction of the Contraction o | (805) 388-4366 |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF AP | PLICANT: (See back | of form of Application Types) |
| ☑ New | Continuation | n 🔲 Revision | В | 11 | Total Control of the |
| If Revision, enter appropriate lette (See back of form for description | | | Other (specify) | FEI | 3 1 9 2004 |
| (See back of form for description | | | Other (specify) | | No. |
| Other (specify) | | | 9. NAME OF FE Federal Aviation | EDERAL AGENCY: n Administration IVES | LETTAPHING REGIONSE |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | | VE TITLE OF APPLIC | |
| | | 20-106 | Airfield Drainag | e Infield & Ramp Reh | ab East & West Ramps (design |
| TITLE (Name of Program): Airport Improvement Program | | عادات تاداف | Rehabilitation of PCC Aprons & Taxiways (phase 4) (design only) | | |
| 12. AREAS AFFECTED BY PRO | OJECT (Cities, Counties | , States, etc.): | | | |
| Ventura County | | | | | |
| 13. PROPOSED PROJECT | | | | SIONAL DISTRICTS | |
| Start Date: July 2004 | Ending Date: August 2004 | | a. Applicant | | b. Project 24 |
| 15. ESTIMATED FUNDING: | / laguet 200 | | 16. IS APPLICA | ATION SUBJECT TO | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | | 00 | ORDER 12372 F | PROCESS? IS PREAPPLICATION | /APPLICATION WAS MADE |
| | | 150,000 | AVA | AILABLE TO THE STA | ATE EXECUTIVE ORDER 12372 |
| b. Applicant \$ | | 16,667 | PRO | OCESS FOR REVIEW | V ON |
| c. State \$ | 8 AT 1 MAN # 194 | .00 | DAT | ΓE: | |
| d. Local \$ | | .00 | b. No. 🗷 PRO | OGRAM IS NOT COV | ERED BY E. O. 12372 |
| e. Other \$ | | .00 | | PROGRAM HAS NOT R REVIEW | T BEEN SELECTED BY STATE |
| f. Program Income \$ | | .00 | | | NT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | 166,667 · | ☐Yes If "Yes" | attach an explanation | . No |
| 18. TO THE BEST OF MY KNOW | | | | | |
| ATTACHED ASSURANCES IF T | | | TIL ATTERDATE | AND THE ATTERDA | WI WILL COME LY WITH THE |
| a. Authorized Representative | First Name | | ln. | /liddle Name | |
| Prefix Mr. | Scott | | | E | |
| Last Name Smith | | | | Guffix | |
| b. Title Director of Airports | | | (| . Telephone Number (805) 388-4200 | (give area code) |
| d. Signature of Au horized Repre | sentative _ C | 4 5 11 | e | Date Signed | |